

City of Milpitas
Milpitas Public Library Financial Donation Form

Donor Information *(Please type or print clearly.)*

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail address: _____

Gift Amount & Purpose	Memorials & Tributes
<p>Enclosed is my gift of \$_____ to support library services in Milpitas.</p> <p>I would like to direct my gift to:</p> <ul style="list-style-type: none"><input type="radio"/> Where the need is greatest.<input type="radio"/> Programs for library users.<input type="radio"/> Books and materials.<input type="radio"/> Furnishings and equipment. <input type="radio"/> Specific use: _____ _____ <input type="radio"/> Other: _____ _____ _____	<p>Enclosed is my gift of \$_____ to support library services in Milpitas.</p> <p style="text-align: center;"><input type="radio"/> In Memory of:</p> <p>_____</p> <p style="text-align: center;"><input type="radio"/> In Honor of:</p> <p>_____</p> <p>Please send an acknowledgement to the next of kin or honoree listed here: Name(s): _____ Address: _____ City: _____ State: _____ Zip: _____ Day Phone: _____ Evening Phone: _____</p>

Gift Payment

Checks payable to The City of Milpitas can be accepted. All donations are tax deductible.

Other Information

- ☐ This gift will be matched by my employer: _____
(Please enclose form or mail separately.)
- ☐ Please keep my gift anonymous. I understand I will not be included in donor listings.

Please mail or fax to:
City of Milpitas Library Advisory Commission
455 E. Calaveras Blvd.
Milpitas, CA 95035
Attn: Staff Liaison
(408) 586-3000 phone
(408) 586-3030 fax